

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000514

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLUCK CORP ☐ ☐ ☐ ☐ Code No.Pick up Address: 13344 S. MAIN L.A. CA (Number) (Street) (City) Code No.

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: Date: 7-8-80Type of Process which Produced Wastes: ☐ ☐ ☐ ☐ Code No.

(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Acid solution          | <input type="checkbox"/> Tank bottom sediment       |
| <input type="checkbox"/> Alkaline solution      | <input type="checkbox"/> Oil                        |
| <input type="checkbox"/> Pesticides             | <input type="checkbox"/> Drilling mud               |
| <input type="checkbox"/> Paint sludge           | <input type="checkbox"/> Contaminated soil and sand |
| <input type="checkbox"/> Solvent                | <input type="checkbox"/> Gaseous waste              |
| <input type="checkbox"/> Tetraethyl lead sludge | <input type="checkbox"/> Battery waste              |
| <input type="checkbox"/> Chemical toilet wastes | <input type="checkbox"/> Muc and water              |
|                                                 | <input type="checkbox"/> Brine                      |

☐ Other (Specify): ☐ ☐ ☐ Code No.

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	%	ppm
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Waste:

pH 3.00 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 3,000 gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping ☐ ☐ ☐ ☐ Code No.Business Address: P.O. Box 59389 L.A. Calif 90059 (Number) (Street) (City) Code No.Telephone Number: 757-1855 Pick Up: (Date) Time: 1:00 ☐ ☐State Liquid Waste Hauler's Registration No. (if applicable): 1483Job No.: 1 No. of Loads or Trips: 1 Unit No.: 2Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIAL INC ☐ ☐ ☐ ☐ Code No.Site Address: 2425 So. Garfield Ave Monterey Park, Calif

The hauler above described waste to this disposal facility and it was an acceptable waste under the requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): (Examples: incineration, neutralization, precipitation) Code No.
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify): ☐ ☐ Code No.

If waste is held for disposal elsewhere specify final location

Disposal Date: 7-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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